

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 05/19/2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title :: Scanned Small Spot Ablation With A High-Rep-Rate  
Attorney Docket Number:: ABI:1042  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Richard
Middle Name::	
Family Name::	Stoltz
Name Suffix::	
City of Residence::	Plano
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	3321 Swanson Drive
City of mailing address::	Plano
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	75025

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jeff
Middle Name::	
Family Name::	Bullington
Name Suffix::	
City of Residence::	Chuluota
State or Province of Residence::	FL
Country of Residence::	US
Street of mailing address::	348 Grey Owl Run
City of mailing address::	Chuluota
State or Province of mailing address::	FL
Country of mailing address::	US
Postal or Zip Code of mailing address::	32766

### **Correspondence Information**

Correspondence Customer Number :: 34725

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

<b>Representative Information</b>		
Representative Customer Number::	34725	

-OR-

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>

<b>Domestic Priority Information</b>			
Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This Application</b>	<b>Non-Provisional of</b>	<b>60/471,972</b>	<b>5/20/03</b>
<b>This Application</b>	<b>Non-Provisional of</b>	<b>60/503,578</b>	<b>9/17/03</b>

<b>Foreign Priority Information</b>			
Country::	Application number::	Filing Date::	Priority Claimed::

<b>Assignee Information</b>	
Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	